



CLUBMASTER [IMD]
Insurance for Clubs

Return to:

Sanjay Patel, HSBC Insurance Brokers Ltd, Rockwood House,
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Club Name: _____ **Affiliation:** _____

Contact Name: _____ **Tel No.** _____ **Fax No.** _____

Full Risk Address: _____

_____ **Postcode:** _____

Full Business Description including all activities: _____

No. of: Members: _____ **Officials:** _____ **Employees:** _____

Renewal Date: _____ **Current Premium: £** _____ **Target Premium: £** _____

Sums Insured (These should represent the Declared Values)

Main Building: £ _____ **Ancillary Buildings:** £ _____

Trade Contents Fixtures & Fittings: £ _____ **Wines/Spirits/Tobacco:** £ _____

Grounds Maintenance Equipment: £ _____ **Refrigerated Stock:** £ _____

Loss of Rent (___ Months): £ _____ **Money Limit:** £ _____

Total Cash in Gaming Machines: £ _____ **Number of Machines:** _____

Annual Turnover (Less Purchases) £ _____ **Indemnity Period:** _____ Months

Public Liability (£2,000,000 STD) £ _____ **Employers Liability:** £ 10,000,000

Book Debts & Loss of Licence are GBP100,000 each as standard. If a higher limit is required please advise

Does your current premium include:

- A) Fidelity Guarantee (Employee Dishonesty) Yes No
- B) Personal Accident Insurance for Committee Members? Yes No
- C) Personal Accident Insurance for Employees and Members? Yes No
- If 'YES', Are Sports Activities Included? Yes No
- D) Engineering Insurance or Inspection Cover? Yes No Items _____
- E) Committee Members Liability Cover? Yes No

Construction Information (if any Non-Standard, please confirm % of whole)

Clubhouse: Roof _____ Walls _____ Age _____

Outbuildings: Roof _____ Walls _____ Age _____

Number of Floors? _____ **Does Club have a Basement/Cellar?** Yes No

Is the Building Listed ? Yes No

Security Information

Is the premises occupied overnight?: Yes No **If 'Yes' by whom?:** _____

Burglar Alarm Details (Redcare etc) _____ **NACOSS Approved:** Yes No

Fire Alarm Details & Precautions _____

Please provide full details of Physical Security for all Buildings to be insured, including all Accessible Windows and Gaming Machines: _____

Claims Information During Past 5 Years (continue on separate sheet if required)

Date	Cause	Amount	Remedial Action

Other Information you may feel relevant to the risk should be noted and attached